Recipient Committee
Campaign Statement
Cover Page

Statement covers period
from 2022-09-25
through 2022-10-22

Date of election if applicable:
(Month, Day, Year)
2022-11-08

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.
   [ ] Officeholder, Candidate Controlled Committee
   [ ] State Candidate Election Committee
   [ ] Recall
      (Also Complete Part 6)
   [ ] General Purpose Committee
      [ ] Sponsored
      [ ] Small Contributor Committee
      [ ] Political Party/Central Committee
   [ ] Primarily Formed Ballot Measure Committee
      [ ] Controlled
      [ ] Sponsored
      (Also Complete Part 6)
   [ ] Primarily Formed Candidate/Officeholder Committee
      (Also Complete Part 6)

2. Type of Statement:
   [ ] Preelection Statement
   [ ] Semi-annual Statement
   [ ] Termination Statement
      (Also file a Form 410 Termination)
   [ ] Amendment (Explain below)
   [ ] Quarterly Statement
   [ ] Special Odd-Year Report

   Mistakenly forgot to include in 460 but filed 497

3. Committee Information
   I.D. NUMBER
   1440503
   COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
   Re-Elect Ray Buenaventura for Daly City Council 2022

   STREET ADDRESS (NO P.O. BOX)
   Daly City
   CITY
   Daly City CA 94015
   STATE ZIP CODE

   MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
   Daly City
   CITY
   Daly City CA 94017
   STATE ZIP CODE

   NAME OF TREASURER
   Perla Ibarrientos

   MAILING ADDRESS
   Daly City CA 94015
   STATE ZIP CODE

   NAME OF ASSISTANT TREASURER, IF ANY

   MAILING ADDRESS

   CITY
   STATE
   ZIP CODE
   AREA CODE/PHONE

   OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification
   I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

   Executed on 2023-06-12
   Date

   Executed on 2023-06-12
   Date

   Executed on
   Date

   Executed on
   Date

   By
   Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

   By
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

   By
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

   FPPC Form 460 (Jan/2016)
   FPPC Advice: advice@fppc.ca.gov (866/275-3772)
   www.fppc.ca.gov
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
RAYMOND BUENA VENTURA

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
COUNCILMEMBER, DALY CITY

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

DALY CITY CA 94015

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?

YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

SUPPORT OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

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SUPPORT OPPOSE

Contact information for FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
## Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) .................................................. $16000.00

2. Amount received this period – unitemized monetary contributions of less than $100 .................................................. $0

3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ......................... TOTAL $16000.00